

Basic Filing Fee								\$	740
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	50	-20	30	x	\$	18	= \$ 540	
	Independent Claims	8	-3	5	x	\$	84	= \$ 420	
TOTAL FILING FEE								\$	1,700

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1,784. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

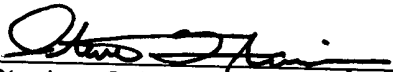
Please address all correspondence to the address associated with Customer No. 23914, which is currently:

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Patent Department
P.O. Box 4000
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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (609) 252-4526.

Respectfully submitted,

Date: December 3, 2001


Stephen C. D'Amico
Agent for Applicants
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100-46652-1

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/12/2001 AOSMAN1 00000028 10005956

01 FC:101	740.00 CH
02 FC:102	336.00 CH
03 FC:103	594.00 CH
04 FC:104	280.00 CH